

Complete Summary

TITLE

Immunizations: percentage of adolescents who are on time with recommended immunizations (Hep B, MMR, tetanus, and verification of varicella immunity).

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Immunizations. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 61 p. [69 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of adolescents who are on time with recommended immunizations (Hep B, MMR, tetanus, and verification of varicella immunity).

RATIONALE

The priority aim addressed by this measure is to increase the rate of people on time with recommended immunizations.

PRIMARY CLINICAL COMPONENT

Immunization; Hepatitis B (Hep B); measles, mumps, rubella (MMR); tetanus and diphtheria toxoids (Td); varicella (VZV)

DENOMINATOR DESCRIPTION

All adolescents age 12 to 17 with continuous enrollment who presented for a primary care visit in the specified quarter

NUMERATOR DESCRIPTION

Number of adolescents in denominator who are on time with recommended immunizations (see the related "Numerator Inclusions/Exclusions" field the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Immunizations.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 12 to 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adolescents ages 12 to 17

This measure should be collected through:

- Identifying eligible adolescents who presented in the target quarter for a primary care visit who have maintained continuous enrollment for 18 months.
- Reviewing the record to determine if all recommended doses were given within the recommended time frames.

The suggested time period for data collection is quarterly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All adolescents age 12 to 17 with continuous enrollment who presented for a primary care visit in the specified quarter

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of adolescents in denominator who are on time with recommended immunizations*

*An adolescent is on time with recommended immunizations if:

- MMR: 2 doses (first dose greater than or equal to 1 yr old; second dose 4 to 6 years)
- Td: 3 or 4 doses (second dose 4 weeks after first; third dose 6 months after second dose; booster every 10 years)
- VZV: 1 dose or documented history of varicella

Note: Adolescents (age 11 to 15 years) can be immunized with Recombivax® HB per an alternative 2-dose schedule of 10 micrograms intramuscularly (IM) given 4 to 6 months apart. Be aware, however, that the introduction of this alternate dosing schedule does increase operational complexity for immunization administration in a clinic serving multiple ages of children and will therefore increase resultant risk of error.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of adolescents who are on time with recommended immunizations (Hep B, MMR, tetanus, and verification of varicella immunity).

MEASURE COLLECTION

[Immunizations Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jul

REVISION DATE

2006 Jun

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Immunizations. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jun. 61 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Immunizations. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 61 p. [69 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of adolescents who are on time with recommended immunizations (Hep B, MMR, tetanus, and verification of varicella immunity)," is published in "Health Care Guideline: Immunizations." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on April 19, 2004. This NQMC summary was updated by ECRI on October 11, 2004, August 11, 2005 and again on July 17, 2006.

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